



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 108098		2. Name of Corporation Immunex Rhode Island Corporation		
3. Street Address Principal Business Office ONE AMGEN CENTER DRIVE		City THOUSAND OAKS	State CA	Zip 91320-1799
4. Business Phone No. (805) 447-1000		5. State of Incorporation DELAWARE		6. SIC Code 1883
7. Brief Description of the Character of Business Conducted in Rhode Island TO OWN AND OPERATE A BIOPHARMACEUTICAL MANUFACTURING FACILITY IN WEST GREENWICH.				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name DENNIS M. FENTON		Vice President Name RICHARD D. NANULA		
Street Address P.O. Box 19027		Street Address P.O. Box 19027		
City Newbury Park	State CA	Zip 91319-9027	City Newbury Park	State CA
Secretary Name STEVEN M. OORE			Treasurer Name STEVE SCHOCH	
Street Address P.O. Box 19027		Street Address P.O. Box 19027		
City Newbury Park	State CA	Zip 91319-9027	City Newbury Park	State CA
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name DENNIS M. FENTON		Director Name RICHARD D. NANULA		
Street Address P.O. Box 19027		Street Address P.O. Box 19027		
City Newbury Park	State CA	Zip 91319-9027	City Newbury Park	State CA
Director Name STEVEN MOORE			Director Name	
Street Address P.O. Box 19027		Street Address		
City Newbury Park	State CA	Zip 91319-9027	City	State
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
1,000 COMM NO PAR VALUE			1,000	Common
				No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



108098

File Date 3-1-05
Check No. 149494
By: zc
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

HS Suzanne Hull 2/18/05
Signature of Officer Date
Suzanne Hull
Print or Type Name of Officer
Asst. Tax Officer
Title of Officer

IMMUNEX RHODE ISLAND CORPORATION

As of: 06/02/03

DIRECTOR/OFFICER INFORMATION

Directors: (Not less than 3 nor more than 7)	Officers:	
Dennis M. Fenton	Dennis M. Fenton	Chairman, Chief Executive Officer and President
Richard D. Nanula	Kathleen Retterson	Chief Financial Officer
Steven M. Odre	Richard D. Nanula	Vice President
	Steven M. Odre	Secretary
	Fabrizio Bonanni	Senior Vice President, Quality
	Ed Bjurstrom	Vice President, Operations
	Steve Schoch	Treasurer
	Lisa A. Evren	Assistant Treasurer
	Ellen L. Gams	Assistant Secretary
	Jacqueline S. Crouse	Tax Officer
	Suzanne R. Hull	Assistant Tax Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 108098		2. Name of Corporation Immunex Rhode Island Corporation		
3. Street Address Principal Business Office P.O. BOX 19027		City NEWBURY PARK	State CA	Zip 91320
4. Business Phone No. 805-447-1000		5. State of Incorporation DELAWARE		6. SIC Code 1883
7. Brief Description of the Character of Business Conducted in Rhode Island TO OWN AND OPERATE A BIOPHARMACEUTICAL MANUFACTURING FACILITY IN WEST GREENWICH.				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name DENNIS M. FENTON		Vice President Name RICHARD D. NANULA		
Street Address ONE AMGEN CENTER DR.		Street Address ONE AMGEN CENTER DR.		
City THOUSAND OAKS	State CA	Zip 91320	City THOUSAND OAKS	State CA
Secretary Name STEVEN M. ODRE		Treasurer Name STEVE SCHOCH		
Street Address ONE AMGEN CENTER DR.		Street Address ONE AMGEN CENTER DR.		
City THOUSAND OAKS	State CA	Zip 91320	City THOUSAND OAKS	State CA
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name DENNIS M. FENTON		Director Name RICHARD D. NANULA		
Street Address ONE AMGEN CENTER DR.		Street Address ONE AMGEN CENTER DR.		
City THOUSAND OAKS	State CA	Zip 91320	City THOUSAND OAKS	State CA
Director Name STEVEN M. ODRE		Director Name NONE		
Street Address ONE AMGEN CENTER DR.		Street Address		
City THOUSAND OAKS	State CA	Zip 91320	City	State
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> AUTHORIZED SHARES				
Number of Shares		Class/Series	Par Value	
1,000 COMM NO PAR VALUE				
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> ISSUED SHARES				
Number of Shares		Class/Series	Par Value	
1,000			NO PAR VALUE	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 0 8 0 9 8 *

File Date 2-13-04
Check No. 126346
By: ac
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer Suzanne R. Hull Date 2/19/04
Print or Type Name of Officer SUZANNE HULL
Title of Officer ASST. TAX OFFICER

IMMUNEX RHODE ISLAND CORPORATION

As of: 06/02/03

NAME/STATUS

Company Name:	Immunex Rhode Island Corporation, a Delaware corporation, was incorporated July 14, 1987 is a wholly owned subsidiary of Immunex Corporation.
	History of Name Changes:
	01/15/02 Name changed to Immunex Rhode Island Corporation
	07/20/99 Name changed to Greenwich Holdings Inc.
	07/14/87 Incorporated as Promotion Services Inc.

INCORPORATION/FISCAL

Place: Delaware	Incorp. # 2131980
Date: July 14, 1987	Date of Next Annual Meeting: May 2004
Fiscal Year End:	EIN: 13-3415590
States Qualified to Transact Business: Rhode Island (ID# 108098)	

ADDRESSES

Principal Place of Business: 40 Technology Way West Greenwich, RI 02817	Registered Office: National Registered Agents, Inc. 222 Jefferson Blvd. Ste 200 Warwick, RI 02888 800/562-6439
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CORPORATE INFORMATION

Parent Company: Immunex Corporation		
Authorized No. of Shares: 1,000	Shares Outstanding: 1,000	Par Value Per Share: No par value
Shareholders: --- Immunex Corporation--1,000-shares---		

IMMUNEX RHODE ISLAND CORPORATION

As of: 06/02/03

DIRECTOR/OFFICER INFORMATION

Directors: (Not less than 3 nor more than 7)	Officers:	
Dennis M. Fenton	Dennis M. Fenton	Chairman, Chief Executive Officer and President
Richard D. Nanula	Kathleen Retterson	Chief Financial Officer
	Richard D. Nanula	Vice President
Steven M. Odre	Steven M. Odre	Secretary
	Fabrizio Bonanni	Senior Vice President, Quality
	Ed Bjurstrom	Vice President, Operations
	Steve Schoch	Treasurer
	Lisa A. Evren	Assistant Treasurer
	Ellen L. Gams	Assistant Secretary
	Jacqueline S. Crouse	Tax Officer
	Suzanne R. Hull	Assistant Tax Officer

BANKING INFORMATION

Bank:	
Signature Authority:	

ADDITIONAL INFORMATION

Outside Counsel:	
Primary Employees:	
Resignations:	
Notes: Date of Last Annual Written Consents: May 20, 2003	



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *108098*		2. Name of Corporation Immunex Rhode Island Corporation		
3. Street Address Principal Business Office 40 TECHNOLOGY WAY		City WEST GREENWICH	State RI	Zip 02817
4. Business Phone No. (805) 447-1000		5. State of Incorporation DELAWARE		6. SIC Code 1883
7. Brief Description of the Character of Business Conducted in Rhode Island MANUFACTURING OF PHARMACEUTICAL PRODUCTS				

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name DENNIS M. FENTON		Vice President Name KATHLEEN RATTERSON		
Street Address ONE AMGEN CENTER DRIVE		Street Address ONE AMGEN CENTER DRIVE		
City THOUSAND OAKS	State CA	Zip 91320	City THOUSAND OAKS	State CA
Secretary Name STEVEN M. ODRE		Treasurer Name STEVE SCHOCH		
Street Address ONE AMGEN CENTER DRIVE		Street Address ONE AMGEN CENTER DRIVE		
City THOUSAND OAKS	State CA	Zip 91320	City THOUSAND OAKS	State CA

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name DENNIS M. FENTON		Director Name RICHARD D. NANULA		
Street Address ONE AMGEN CENTER DRIVE		Street Address ONE AMGEN CENTER DRIVE		
City THOUSAND OAKS	State CA	Zip 91320	City THOUSAND OAKS	State CA
Director Name STEVEN M. ODRE		Director Name		
Street Address ONE AMGEN CENTER DRIVE		Street Address		
City THOUSAND OAKS	State CA	Zip 91320	City	State

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	COMM NO PAR VALUE		1,000	COMMON	NO PAR

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 0 8 0 9 8 *

**108098* 2/13/03 8:38:32 PM*

File Date 2-21-03

Check No. 107117

By: UP

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Jacqueline S. Crouse 2/14/03

Signature of Officer Date

Jacqueline S. Crouse

Print or Type Name of Officer

Tax Officer

Title of Officer

**IMMUNEX RHODE ISLAND CORPORATION
LIST OF OFFICERS
2003 RHODE ISLAND ANNUAL REPORT
CORPORATE ID#108098**

<u>OFFICER NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>
Dennis M. Fenton	Chairman, Chief Executive Officer and President	One Amgen Center Drive Thousand Oaks, CA 91320
Richard D. Nanula	Chief Financial Officer	One Amgen Center Drive Thousand Oaks, CA 91320
Steven M. Odre	Secretary	One Amgen Center Drive Thousand Oaks, CA 91320
Ed Bjurstrom	Vice President, Operations	One Amgen Center Drive Thousand Oaks, CA 91320
Steve Schoch	Treasurer	One Amgen Center Drive Thousand Oaks, CA 91320
Lisa A. Evren	Assistant Treasurer	One Amgen Center Drive Thousand Oaks, CA 91320
Ellen L. Gams	Assistant Secretary	One Amgen Center Drive Thousand Oaks, CA 91320
Jacqueline S. Crouse	Tax Officer	One Amgen Center Drive Thousand Oaks, CA 91320
Kathleen Retterson	Vice President	One Amgen Center Drive Thousand Oaks, CA 91320
Fabrizio Bonanni	Senior Vice President, Quality	One Amgen Center Drive Thousand Oaks, CA 91320



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **108098** 2. Name of Corporation **Greenwich Holdings Inc.**

3. Street Address Principal Business Office
FIVE GIRALDA FARMS

City **MADISON** State **NEW JERSEY** Zip **07940**
6. SIC Code **1883**

4. Business Phone No. **973-660-5000** 5. State of Incorporation **DELAWARE**

7. Brief Description of the Character of Business Conducted in Rhode Island

OWN & OPERATE A BIOPHARMACEUTICAL MANUFACTURING FACILITY IN WEST GREENWICH

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name
BERNARD J. POUSSOT
Street Address
555 EAST LANCASTER AVENUE
City **ST. DAVIDS** State **PA** Zip **19087**

Vice President Name
THOMAS M. NEE
Street Address
FIVE GIRALDA FARMS
City **MADISON** State **NJ** Zip **07940**

Secretary Name
EILEEN M. LACH
Street Address
FIVE GIRALDA FARMS
City **MADISON** State **NJ** Zip **07940**

Treasurer Name
GREGORY A. NORDEN
Street Address
555 EAST LANCASTER AVENUE
City **ST. DAVIDS** State **PA** Zip **19087**

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name
JOHN R. STAFFORD
Street Address
FIVE GIRALDA FARMS
City **MADISON** State **NJ** Zip **07940**
Director Name
BERNARD J. POUSSOT
Street Address
555 EAST LANCASTER AVENUE
City **ST. DAVIDS** State **PA** Zip **19087**

Director Name
KENNETH J. MARTIN
Street Address
FIVE GIRALDA FARMS
City **MADISON** State **NJ** Zip **07940**
Street Address

City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 COMM NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
1,000 COMMON NPV

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 0 8 0 9 8 *

File Date: 1-28-02
Check No.: 1008705
By: [Signature]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] 01/24/02
Signature of Officer Date

THOMAS M. NEE
Print or Type Name of Officer
VICE PRESIDENT
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. **108098** 2. Name of Corporation **Greenwich Holdings Inc.**

3. Street Address Principal Business Office **Five Giralda Farms** City **Madison** State **NJ** Zip **07940**

4. Business Phone No. **(973) 660-5000** 5. State of Incorporation **DELAWARE** 6. ~~4885~~

7. Brief Description of the Character of Business Conducted in Rhode Island
Own and operate a biopharmaceutical manufacturing facility in West Greenwich

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Bernard J. Poussot	Vice President Name Thomas M. Nee
Street Address Five Giralda Farms	Street Address Five Giralda Farms
City Madison State NJ Zip 07940	City Madison State NJ Zip 07940

Secretary Name Eileen M. Lach	Treasurer Name Thomas J. Paolucci
Street Address Five Giralda Farms	Street Address Five Giralda Farms
City Madison State NJ Zip 07940	City Madison State NJ Zip 07940

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name John R. Stafford	Director Name Kenneth J. Martin
Street Address Five Giralda Farms	Street Address Five Giralda Farms
City Madison State NJ Zip 07940	City Madison State NJ Zip 07940

Director Name Bernard J. Poussot	Director Name
Street Address Five Giralda Farms	Street Address
City Madison State NJ Zip 07940	City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)	11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)
AUTHORIZED SHARES	ISSUED SHARES
Number of Shares	Number of Shares
Class/Series	Class/Series
Par Value	Par Value
1,000 COMM NO PAR VALUE	1,000 Common NPV

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 108098 *
FILED

File Date: **FEB 26 2001**

Check No.: **By [Signature] 217397**

By: _____

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] 2/21/01
Signature of Officer Date

Thomas M. Nee
Print or Type Name of Officer

Vice President - Tax
Title of Officer

GREENWICH HOLDINGS INC.
List of Officers & Directors

Officers:

Bernard J. Poussot
President

Address:

Five Giralda Farms
Madison, NJ 07940

Thomas M. Nee
Vice President

Five Giralda Farms
Madison, NJ 07940

Jeffrey S. Sherman
Vice President & Asst. Secretary

Five Giralda Farms
Madison, NJ 07940

Eileen M. Lach
Secretary

Five Giralda Farms
Madison, NJ 07940

Thomas J. Paolucci
Assistant Treasurer

Five Giralda Farms
Madison, NJ 07940

William P. Kelly
Assistant Secretary

Five Giralda Farms
Madison, NJ 07940

Bradford A. Lewin
Assistant Secretary

Five Giralda Farms
Madison, NJ 07940

Directors:

John R. Stafford

Kenneth J. Martin

Addresses same as above

Bernard J. Poussot



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **108098** 2. Name of Corporation **Greenwich Holdings Inc.**
3. Street Address Principal Business Office **Five Giralda Farms** City **Madison** State **NJ** Zip **07940**
4. Business Phone No. **(973)660-5000** 5. State of Incorporation **DELAWARE** 6. SIC Code **1883**

7. Brief Description of the Character of Business Conducted in Rhode Island
Own and operate a biopharmaceutical manufacturing facility in West Greenwich

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Bernard J. Poussot	Vice President Name Thomas M. Nee
Street Address Five Giralda Farms	Street Address Five Giralda Farms
City Madison State NJ Zip 07940	City Madison State NJ Zip 07940
Secretary Name Eileen M. Lach	Treasurer Name Kenneth J. Martin
Street Address Five Giralda Farms	Street Address Five Giralda Farms
City Madison State NJ Zip 07940	City Madison State NJ Zip 07940

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name John R. Stafford	Director Name Bernard J. Poussot
Street Address Five Giralda Farms	Street Address Five Giralda Farms
City Madison State NJ Zip 07940	City Madison State NJ Zip 07940
Director Name Kenneth J. Martin	Director Name
Street Address Five Giralda Farms	Street Address
City Madison State NJ Zip 07940	City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

Number of Shares	Class/Series	Par Value
1,000	COMM NO	PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

Number of Shares	Class/Series	Par Value
1,000	Common	NPV

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 0 8 0 9 8 *

File Date: **3/1/00**
Check No.: **196310**
By: **JCV**

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer: **[Signature]** Date: _____
Print or Type Name of Officer: **Thomas M. Nee**
Title of Officer: **Vice President**

GREENWICH HOLDINGS INC.

List of Officers & Directors

Officers:

Address:

Bernard J. Poussot
President

Five Giralda Farms
Madison, NJ 07940

Thomas M. Nee
Vice President

Five Giralda Farms
Madison, NJ 07940

Gerald A. Jibilian
Vice President & Asst. Secretary

Five Giralda Farms
Madison, NJ 07940

Kenneth J. Martin
Treasurer

Five Giralda Farms
Madison, NJ 07940

Eileen M. Lach
Secretary

Five Giralda Farms
Madison, NJ 07940

Thomas J. Paolucci
Assistant Secretary

Five Giralda Farms
Madison, NJ 07940

William P. Kelly
Assistant Secretary

Five Giralda Farms
Madison, NJ 07940

Bradford A. Lewin
Assistant Secretary

Five Giralda Farms
Madison, NJ 07940

Directors:

John R. Stafford

Kenneth J. Martin

Addresses same as above

Bernard J. Poussot
